

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address) Department of Natural Resources & Conservation Attn: Jeff Williams PO Box 201601 Helena MT 59620-1601		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 065310-37 AB-0343-C-D6-3032	
4. CONTRACTOR a. name and address Acme Chemical Toilet Rental 51 Sunrise Drive Kalispell MT 59901		5. POINT OF HIRE (location at time of hire) Kalispell MT 59901	
b. SSN or Tax ID# 81-0484004 b.1 DUNS Number: 171122190		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
c. telephone number (day) 756-3002 or 406-885-4019	d. telephone number (night) 406-755-3928 or 406-885-3006	7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	

8. TYPE OF CONTRACTOR(X appropriate boxes)
☒ SMALL BUSINESS ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED ☒ WOMEN OWNED ☐ LABOR SURPLUS AREA ☐ LOCAL GOVT.

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY ONE OPERATIONAL PERIOD**		12. SPECIAL TWO OPERATIONAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	
Portable Toilet Rental Standard Unit		\$34.00	Day			
Portable Toilet Rental ADA Unit		\$94.00	Day			
Portable Wash Stations (2 sinks)		\$95.00	Day			
Mileage Delivery/Retrieval/Service Calls (over 75 mi. Radius) (toilet or sink)		\$1.00	mi.			
Mileage rate for less than 5 units Delivery/Retrieval/Service Calls (75 mile radius does not apply) (toilet or sink)		\$5.00	mi.			
Additional Service Calls if requested-toilets or sinks		\$9.00	Ea.			
Mileage for Additional Service Calls if requested (75 mile radius does not apply) (toilet or sink)		\$1.00	mi.			
Reset Fee within camp - toilet or sink		\$9.00	Ea.			

14. SPECIAL PROVISIONS

- (a.) The Provisions of IFB 065310CSW and General Clauses along with replacement clauses are attached and incorporated herein. See attached DNRC General Provisions, Federal Acquisition Regulations (FAR) clauses, NRCG Supplemental Terms and Conditions to the General Clauses of the EERA, OF-294, and the Register of Wage Determination Under the Service Contract Act.
- b. For service calls, mileage shall be calculated from the vendor's base or lodging point to the toilet location and return to one of the above via dump station. Service includes cleaning, sanitizing, pumping and refilling of supplies and liquids.
- c. Contractor is responsible for proper removal and disposal of wastewater. Contractor is responsible for all permits. Disposal fees to the nearest dump site, if applicable, will be reimbursed by the government. Receipts are necessary for payments.
- d. Portable toilets and hand wash stations. No service charge will be paid for the first day of delivery unless the contractor is requested to return that day to service units. Mileage to be paid for delivery of less than 5 units to a location (75 mi. radius does not apply). There will be no pickup charge except for service and mileage the last day.
- e Reset fee: No mileage paid within the camp area. Mileage only will be charged for each trailer load if units are to be

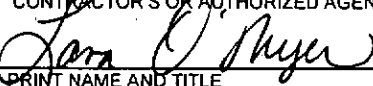
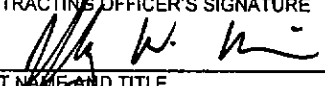

moved outside of the camp location. One day notification is required so contractor can bring required trailer for moving units.

f. For washing stations, mileage shall be calculated from the vendor's base or lodging point to the hand washing station location and return to one of the above. Service includes cleaning, sanitizing and refilling of supplies. Grey water removal and refilling of potable water will be the governments responsibility.

** For the purpose of this ERA, an operational period is 24 hours.

Due to the immediate needs dictated by wildland fire fighting activities, the normal procedures to document contractor deviations cannot be followed. If the contractor services/equipment fails to meet or exceed requirements, the contracting agency may take whatever steps are necessary to obtain services/equipment which meets their needs

f. This EERA is void if not presented with a valid Incident Specific Resource Order or Number

15. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 5-26-06	17. CONTRACTING OFFICER'S SIGNATURE 	18. DATE 6/7/06
19. PRINT NAME AND TITLE LANA Omyer / OWNER	20. PRINT NAME AND TITLE Jeffry W. Williams DNRC Purchasing Agent		
DUN # 1711 22190 / FEB 10 # 81 0484 004		20A. PRINT NAME AND TITLE  Federal Procurement Official Abraham Wesselin CO	

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General Information

Current Registration Status: **Active in CCR**; Registration valid until 10/03/2006.

DUNS: 171122190
DUNS PLUS4:
CAGE/NCAGE Code: 3K6D0
Legal Business Name: **ACME CHEMICAL TOILET RENTAL**
Doing Business As (DBA): **ACME PORTABLE TOILET RENTALS**
Division Name:
Division Number
Company URL:

Physical Street Address 1: **51 SUNRISE DR**
Physical Street Address 2:
Physical City: **KALISPELL**
Physical State: **MT**
Physical Zip/Postal Code: **59901-7772**
Physical Country: **USA**

Mailing Name: **ACME CHEMICAL TOILET RENTAL**
Mailing Address: **51 SUNRISE DR**
Mailing Address 2:
Mailing City: **KALISPELL**
Mailing State: **MT**
Mailing Zip/Postal Code: **59901-7772**
Mailing Country: **USA**

Business Start Date: **05/01/2000**

Corporate Information

Type of Organization
Sole Proprietorship

Business Types/Grants
A2 - Woman Owned Business
VN - Contracts

JWOD Non-Profit Agency
No

Goods / Services

North American Industry Classification System (NAICS)

326191 PLASTICS PLUMBING FIXTURE MANUFACTURING

Standard Industrial Classification (SIC)
3088 PLASTICS PLUMBING FIXTURES

Product Service Codes (PSC)
 -

Federal Supply Classification (FSC)
 -

Small Business Types

This information comes from the Small Business Administration and is not editable by CCR vendor

Business Types
21 - Small Business

Expiration Date
 --

North American Industry Classification System (NAICS)

<u>NAICS Code</u>	<u>Description</u>	<u>Small Business</u>	<u>Emerging Sr Business</u>
326191	PLASTICS PLUMBING FIXTURE MANUFACTURING	Yes	No

Points of Contact

Government Business POC Primary

Name: **LANA O'MYER**
 Address Line 1: **51 SUNRISE DR.**
 Address Line 2:
 City: **KALISPELL**
 State: **MT**
 Zip/Postal Code: **59901**
 Country: **USA**
 U.S. Phone: **(406) 755-3928** Ext:
 Non-U.S. Phone:
 Fax: **(406) 755-3921**

Government Business POC Alternate

Name: **BRIAN O'MYER**
 Address Line 1: **51 SUNRISE DR.**
 Address Line 2:
 City: **KALISPELL**
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 Zip/Postal Code: **59901**
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 Non-U.S. Phone:
 Fax: **(406) 755-3921**

Past Performance POC Primary

Name:
 Address Line 1:
 Address Line 2:
 City:
 State:
 Zip/Postal Code:
 Country:
 U.S. Phone: Ext:
 Non-U.S. Phone:
 Fax:

Past Performance POC Alternate

Name:
 Address Line 1:
 Address Line 2:
 City:
 State:
 Zip/Postal Code:
 Country:
 U.S. Phone: Ext:
 Non-U.S. Phone:
 Fax:

Electronic Business POC Primary

Name: **LANA O'MYER**
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 State: **MT**
 Zip/Postal Code: **599017772**

Electronic Business POC Alternate

Name: **LANA O'MYER**
 Address Line 1: **51 SUNRISE DR.**
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